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PATENT APPLICATION
Attorney Docket No: 8707.2171
Amendment & Response to OA dated 10/11/06
173-Revéil Pace

PATENT APPLICATION
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Luigi SILVESTRI and
STEPHANO FRANCESCHINI

Application No. : 10/759,870

Filed : January 16, 2004

For : DETERMINING THE PRESENCE AND
TYPE OF PROBE ASSOCIATED WITH
AN ACTIVE IMPLANTABLE MEDICAL
DEVICE, IN PARTICULAR A CARDIAC
PACEMAKER

Group Art Unit : 3766

Customer Number : 34313

Confirmation No. : 8421

Examiner : Brian T. GEDEON

New York, New York
April 11, 2006

Mail Stop: Amendments
Commissioner for Patents & Trademark
P.O. Box 1450
Alexandria, VA 22313-1450

**TRANSMITTAL
OF AMENDMENT AND RESPONSE**

Transmitted herewith is an Amendment and Response to the U.S. Patent & Trademark
Office Action dated April 11, 2006, in the above-identified application.

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient
Postage as 1st Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
on April 11, 2006.

Date & Signature: 4/11/06  Sharon Leachman

Applicants hereby petition for an extension of time under 37 CFR § 1.136

[fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$55.00	\$110.00
<input type="checkbox"/> two months	\$210.00	\$420.00
<input checked="" type="checkbox"/> three months	\$475.00	\$950.00
<input type="checkbox"/> four months	\$740.00	\$1,480.00
<input type="checkbox"/> five months	\$1,005.00	\$2,010.00
Fee		\$950.00

☒ If an additional extension of time is required, please consider this a petition therefor.

Fee Calculation: **TOTAL AMOUNT OF PAYMENT FOR EXTENSION: \$950**

- A. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
- ☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
- B. ☐ Payment Enclosed
- ☐ Check ☐ Credit Card ☐ Money Order ☒ Other

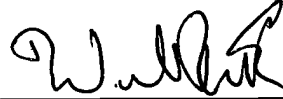
Total Claims	- 20 = 0 x \$18.00	\$0.00
Independent Claims	- 3 = 3 x \$86.00	\$0.00
Multiple Dependent Claims	\$290.00 (if applicable) <input type="checkbox"/>	\$0.00
TOTAL OF ABOVE CALCULATIONS		\$0.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.	<input type="checkbox"/>	\$0.00
Extension of Time (from above)		\$0.00
Assignment -- \$40 (if applicable)	<input type="checkbox"/>	\$0.00
TOTAL FEES FOR CLAIMS SUBMITTED HEREWITH		\$0.00

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Respectfully submitted,

Dated: April 11, 2006

By: _____



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